MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 9178

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1														
2							51							
3							52							
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45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
TOTAL IND.							100							
TOTAL DEP.	↓		↓		↓		TOTAL IND.							
TOTAL CLAIMS							TOTAL DEP		↓		↓		↓	
							TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV 3-78)